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EDITOR'S QUIZ: GI SNAPSHOT

Sigmoid stricture in a 39-year-old female

Robin Spiller, *editor*

Clinical presentation

A 37-year-old woman with confirmed ulcerative colitis (proctosigmoiditis), receiving mesalamine as medical prophylaxis, was referred to our unit with a 6-month history of recurrent colic abdominal pain that was more severe in the pelvic region. The pain was associated with constipation; the patient also complained of dysmenorrhoea and abnormal menstrual bleeding. Physical and rectal examinations were normal. During the

previous 6 months, the patient had had a normal blood count, erythrocyte sedimentation rate (20 mm/h) and C-reactive protein (<1.0 mg/l).

Colonoscopy was performed only to the distal sigmoid colon because of a tight sigmoid stricture due to extrinsic compression; mucosal biopsies were normal. Abdominal ultrasound and contrast-enhanced CT scanning were performed.

Transabdominal ultrasound revealed an ovarian cystic mass with diffuse low-level homogeneous echoes. This lesion invaded the serosal surface of the colon and caused a focal thickening of the sigmoid colon wall (arrows) (figure 1). The CT image showed a right adnexal mass with a thin ring within it (small arrow); this lesion adhered strongly to the recto-sigmoid segment and compressed it (large arrows) (figure 2).

Question

What diagnosis is suggested by the radiological and clinical features?

See page 1256 for answer

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Figure 1 Ultrasound transverse section obtained with a high-frequency (7.5 MHz) linear probe, showing a focal thickening (arrows) of the sigmoid colon (S) and a contiguous ovarian cystic mass (E).

Figure 2 Axial contrast-enhanced CT scan shows a complex cystic mass in the right adnexa sticking to the rectosigmoid segment and compressing it (large arrows).